

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 143  
Registered No. 230

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township Live Oak or Village \_\_\_\_\_  
City Miami No. 27 Live Oak Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Antonia Gomez  
(If child is not yet named, make supplemental report, as directed.)3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_  
6. Legitimate? yes 7. Date of birth May 10 1930  
Month Day Year

## 8. FATHER

Full name Jesus Gomez9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race

Mexican11. Age at last birthday 24 (Years)

12. Birthplace (city or place)

(State or country) Mexico13. Occupation Gard laborerNature of Industry Copper mine

## 14. MOTHER

Full maiden name Manuela Santellanez15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

16. Color or race

Mexican17. Age at last birthday 16 (Years)

18. Birthplace (city or place)

(State or country) Mazatlan, Arizona

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother \_\_\_\_\_

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was alive at 5:10 P m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Truller

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address Miami, ArizonaFiled May 20 19 30

Registrar.

Registrar.

179-510-429

each in order of birth